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ABSTRACT

This curriculum bulletin provides a medical perspective on factors which influence learning. The relationship of nutrition to learning and interactions between stress, discipline and learning are probed in question and answer format. The influence of sugar on learning readiness is discussed along with the beneficial effects of protein. Positive parent communication to the child is emphasized. (RH)

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Nutrition, Pressures, and Discipline: Their Impact on Learning

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Nutrition, Pressures, and Discipline: Their Impact on Learning

Dr. Lendon H. Smith and Jerome E. Leavitt

Editor's Note

This bulletin continues the discussions of the impact of neglect, abuse, improper nutrition, excessive pressures, discipline and other factors on child behavior and learning by Dr. Lendon H. Smith, well-known pediatric consultant, author, and television personality, with Professor Jerome E. Leavitt, Coordinator of the Central California Section, Region IX Child Abuse Project at California State University-Fresno, serving as interrogator and bibliographer (the latter only in the first bulletin). The first presentation appeared as Curriculum Bulletin No. 338 in January, 1978, and is still available on order from the Curriculum Bulletin, Oceanside, Oregon 97134, for $2.00.

In the present bulletin, Dr. Smith defines the problem in general terms and is then interrogated by Professor Leavitt in more detail, first on nutrition, then on discipline. The major sections of this bulletin are:

Definition of the Problem
Nutrition and Learning
Pressures, Discipline and Learning

Definition of the Problem

Any child who does not seem to be able to settle into the academic routine could be considered to have "education dysfunction." Each child responds to the stress, structure, or distraction of the classroom in his or her unique style. Because some become hyperactive, are out of their seats and get nothing on paper, the teacher may not be able to evaluate their academic progress. Some are shy, withdrawn, appearing frozen, physically and verbally. Some appear doped, lethargic, or "in another world." A few may appear sick or complain of headaches and stomachaches. One or two may be belligerent, answering a reasonable request from the teacher with hostile defiance. And there is always the class clown who needs to hide deficiencies or anxieties by joking and making faces.

This partial list of dysfunctional types is estimated to account for 10 to 20 percent of each class. The teacher must try to motivate these children with humor, rules, discipline, behavior modification programs, or some other technique to get the most out of them and educate them without making them feel bored, cheated, mad, scared, or inferior. The educational process must be fun (for the teacher also).

Ideally, the teacher should mold the class into an enthusiastic, education-oriented, cohesive unit with a minimum of "losers." However, a "pecking order" is usually established within a few weeks no matter how democratic one attempts to make the class. The bright, quick winners become the teach-

* This section was previously presented to school board members and school administrators in California, early in 1978.

er's pets, and the silent, sullen ones become more entrenched in their withdrawal behavior.

It would be helpful if the teacher had children of the same age, intelligence, and learning skills in one class. If he or she is working with the dull or overgraded, the intellectually gifted become bored and restless. If the teacher races along with the intellectually superior, the slow ones are lost and become depressed or resentful. The answer would be a homogeneously slow or fast class or a better teacher-pupil ratio: something close to one to ten would be best.

But life is never ideal, and one must make do with what is available. Teachers who enjoy the challenges of a restless and diversified class can find a way to allow each pupil his or her share of success. The more rigid the teacher's expectations, the more disappointed he or she will become as the class progresses and the nonlearners begin to fall behind. The teacher will unwittingly allow a class hierarchy to develop; and the ones at the bottom will become more dissatisfied, withdrawn, disruptive, depressed, and resentful of the whole educational system. The teacher may, to save face, begin to label these recalcitrants as "bad," "emotional," "sick," "undisciplined," or some other pejorative that indicates a lack of understanding at best or a cold, restrictive personality at worst.

Students learn at different rates and in different ways, but all children have an innate desire to learn. Success breeds success: if a teacher has the key and can find the lock to a pupil's style, both are rewarded. Education is a sort of osmosis—a constant interaction between the dilute student and the concentrated teacher. It is an interlocking of emotional ambience which traps the student, holds him or her still, and allows the teacher to pour in the academic messages. Eyes, ears, nose, mouth, skin, and muscles are all involved in learning because all have sense receptors that carry stimuli to the brain. The pleasure centers in the brain must be stimulated, or the cognitive messages will not be retained. Learning has to be fun.

All the educational gimmicks are of no avail if children feel inferior or discriminated against. The chief message they are supposed to get from parents, teachers, and peers is that they are decent, worthwhile persons—or at least that there is hope that they will attain such a status. "Everyone gets a good self-image: education is secondary" should be the motto of every classroom.

It is not the teacher's job to judge children who do not seem to fit into his or her conception of a responsive pupil. The task of the teacher is to identify the ones with educational dysfunction and either try to discover the reason for the difficulty and correct it if possible or refer the child to the appropriate person or agency for remediation.

On first recognizing a dysfunction, the teacher must report it to the parents in such a way that no blame is implied: "There is a problem; what can be done?" The result should be that parents and teacher and child are all on the same side in a mutually supportive system viewing the difficulty as unemotionally as possible. If sides are drawn, winners and losers are created; the dysfunctional problem—not the child—should be the loser.

If a child is saying, "What? what?" and pus is coming from his or her ears, it would be logical to assume he or she has a hearing problem. If a child's head is on the desk and his or her eyes are closed, the teacher should suspect fatigue. But if the child looks out the window and puts nothing on paper, he or she is not automatically "bad." The teacher must avoid such judgmental labels, using only the label "educational dysfunction" and listing the observable symptoms. Hyperactivity in a child is an observation, becoming a problem only if the teacher's threshold of tolerance for hyperactivity is low. If a teacher calls this "bad," then the badness soon becomes the reason for hyperactivity, and a once remedial trait becomes a fixed syndrome. The child, now labelled bad, does bad things. A self-fulfilling prophecy is launched.

A child will become hyperactive if unable to hear or see well; if anemic (not enough oxygen being carried to the cognitive areas of the brain to allow learning); if suffering from lead poisoning (brain cells poisoned); if possessing a low blood sugar level (the metabolism of the brain cannot handle the incoming information); if lacking a vitamin or mineral (the brain needs vitamin C, vitamin B complex, calcium, magnesium, and others on a continuing basis to function); if allergic to some food; if bombarded by abnormal brain waves (cortex or cognitive areas are overwhelmed with interruptive electrical impulses); if preoccupied with domestic problems that use up valuable energy; if possessed of a perceptual handicap (for example, reverses *E* into *3*, *was* is *saw*, cannot transfer the sound "cat" into the visual symbol cat); if ahead of the class—or behind it (class has average IQ of 100, and he or she is functioning at 120, or vice versa).

He or she may have all or one or some of these problems. They are not mutually exclusive. Any of them may also cause a child to appear withdrawn—hypoactive, the opposite of hyperactive. However, a student may be suffering from one or a few of the problems and still learn. If a student is not learning, it may be simply because he or she hates the teacher.

The common problem is educational dysfunction, when a child is not learning easily or at all. Nonlearning is easy to spot at the first classroom test: the pupil simply does not put anything down on paper. If this failure is caused by an inability to perceive the information, store it, retrieve it, or transfer it to a motor skill (recitation or writing), it is a dysfunction. The pupil may be hyperactive because of these perceptuomotor problems, or the hyperactivity may cause the perceptuomotor problems. Hyperactivity may be the cause or the effect; it is merely a clue that educational dysfunction is nearby.

One way to look at some of these pupils is to consider that they are suffering from a sensory input overload; the cortex of the brain simply cannot handle or process all the messages. A defective filtering system in the brain seems to be the common problem. All incoming stimuli must pass through the filtering area of the midbrain before they are sent on to the cortex, or cognitive area of the brain, where perception occurs. If the screening mechanism is incompetent, too many messages get through to the cortex; and the brain feels it cannot cope and perceives the world as a threat.

This overabundance of incoming stimuli is manifested as stress and can lead to one or more of several responses, depending on a variety of factors: previous experiences; age; diet; genetic proclivities; brain damage; abnormal brain waves; heavy metal poisoning; amount of sleep the night before; state of the bowels; drug ingestion; presence of anemia, infection, or allergy; vitamin intake; blood sugar level; interest in the environment; boredom; the state of the self-image; or tight underwear.

In general, three types of responses may be expected when the child's cortex perceives incoming stimuli as stress: (1) the brain might send messages to the autonomic nervous system, which produces the somatic manifestations of anxiety (rapid heart beat, panic, fright, stomachache, headache, sweaty palms); (2) the cortex might send messages to the motor area of the brain, where action, movement, and speech are initiated; or (3) the brain might stimulate some inhibitory area of the midbrain, causing withdrawal (avoidance of eye contact, removal of self from activity, noncompliance, hypoactivity).

If the filtering system is feeble or inactive, too many stimuli get up to the cortex. If the cortex is compromised (possibly due to birth injury, toxins, lead, low blood sugar, anemia, or other causes), even minimal stimuli can cause a similar overload.

Children afflicted thus are unable to disregard unimportant stimuli. They are ticklish children and grow up to be sensitive adults. They are more likely to be colicky, wakeful and allergic. They believe a minor stomachache is an appendicitis attack. They will touch every picket when walking by a fence. They will see a dog and pet it; see a button, push it; see a candy bar, take it. If the phone and the door bell ring simultaneously, they are unable to set up a priority system; their response is to fall on the floor.

They notice everything. Once something is noticed or perceived, something has to be done about it; some action must be taken. This is the reason they are worse in a classroom, supermarket, or circus: too much input. Every stimulus seems to come through the filtering system with equal intensity. With so many sensations coming to the cortex with equal intensity, these children are unable to make a priority decision or a value judgment. They cannot separate the figure from the background. They are overwhelmed. Parents and teachers notice that these children are better on a one-to-one basis.

When these afflicted children feel the world closing in on them, they perceive the pressure as stress. Some children under stress are afraid to move; they sit almost paralyzed, even avoiding eye contact. They internalize the stress and become victims of hypertension, asthma, ulcers, spastic colon, or migraine. They may be in more trouble than the active children; this withdrawal from the world suggests a schizoid reaction. Hyperactive children, on the other hand, are more obviously doing something about the threat the cortex has received; they move, talk, giggle, walk, bounce, swing. They are more visible to observers, but in reality may be handling stress in a healthier way than the internalizers are.

Many children have another problem, acting singly or in combination with the ineffective filtering system and the overly responsive cortex: hypoglycemia. Reactive hypoglycemia can produce all the symptoms of hyperactivity. A carbohydrate breakfast consumed by susceptible children has the potential of forcing the pancreas to excrete too much insulin. An overabundance of insulin drives the blood sugar down too fast and too far. The body reacts to this chemical stress by secreting cortisol and adrenalin, which are the body's main chemical response to stress. These chemicals suggest to the body that fright, fight, or flight would be appropriate responses. Every class has at least one child who shows the resulting signs of restlessness and aggressiveness.

All child care specialists agree that something must be done to help these children, not so much because of their academic failure as because of the

devastating effect on their self-image. If parents, peers, and teachers are all saying, "You could do better," "Hey, stupid," "What a jerk," "Look at klutz," or "Shape up," a child will become depressed, angry, and resentful. It's an easy step from there to delinquency.

Nutrition and Learning

If children are important and the education of these children is considered a significant enterprise, then we need to consider all the factors that influence behavior and learning. Current research has much to tell us about nutrition and behavior.

We were fortunate indeed to have the opportunity to interview Dr. Smith while he was on one of his lecture tours. Many of you know Dr. Smith as the author of *The Children's Doctor, The Encyclopedia of Baby and Child Care*, and *Improving Your Child's Behavior*. Most of you know him for his nationwide ABC television program "The Children's Doctor." And indeed he is "The Children's Doctor" for he speaks out for the nutritional, medical, and emotional rights of all children at every opportunity.

Q. Dr. Smith, as a pediatrician, what do you see as some of the barriers to effective learning in school?

A. Certainly, a number of things that we think of: vision trouble, just not being able to see (the child needs glasses and can't tell us that he is going blind); a child with wax in his ears, whose adenoids are too big, or a child with allergies that plug up his ears so that he cannot hear; a child is anemic; a child has lead poisoning; a child has worms so he is distracted. Also, a child could have psychological problems, such as poor parenting at home or unsupportive parents who really don't give him the right kind of feedback as far as saying to him occasionally, "You're a nice child; I love you."

We're pretty good about ruling these out or doing something remedial about them, but there is something else I'm stumbling on and other people are also: children's school performance is affected very dramatically by their diet. We're finding that if we can change the diet and give them more nourishing foods, their brains are more receptive to the educative process.

Q. You mention diet. Are you introducing diet as a physical factor responsible for the lack of achievement and poor learning procedures?

A. Partly. What I'm saying is that the evil effects on a child (adult, too), of eating sugar and white flour cannot be underestimated. We've heard of Ben Finegold and his work with children who eat food additives and food colorings. These can create allergy problems which make these children hyperactive; but I'm finding that hyperactive children seem to be suffering from reactive hypoglycemia. They may be getting some breakfast, usually all carbohydrate: a piece of white toast, some jam maybe, dry cereals with milk and sugar; and they have enough energy to get to school and study maybe for 15 or 20 minutes. They function at first and then the blood sugar starts to drop in a rather dramatic way. Then these children are just gone. Their brains don't work. Some of them act shy, some of them act like they have a headache and some of them seem stoned. They just stare into space, some of them actually go to sleep, but the majority of those that are affected with this falling blood sugar are up and running around the classroom; they are unable to concentrate, are distracted, and appear motor driven. They miss what the teacher is saying, they cannot get their work done.

Q. Is there any research that tells us who these children are?

A. My research seems to indicate that these children cluster in groups, and I can almost spot them because they are usually blue- or green-eyed blonds or redheads or Indians, which includes a lot of children. They are usually children whose families have a history of parents or grandparents who have diabetes, hypoglycemia, alcoholism, obesity and frequently schizophrenia, infections and allergies. These illnesses seem to have clustered in these children's families.

In medical school we were taught that the child who is hyperactive had this condition because he has some defect in his nervous system: he had encephalitis, he had a lack of oxygen at birth, due to premature birth or the cord was wrapped around his neck or he had a Caesarian birth or some injury to the nervous system so that it could not function properly.

Those diseases and conditions are now a little more under control because of better obstetrics and improved newborn care. However, instead of a decrease of hyperactivity we're finding an increase; and something must account for it.

I'm finding that many children that I see have had absolutely no difficulty during the mother's pregnancy; she claims she ate properly, didn't take any medicines that would have an adverse effect, the delivery was non-traumatic—as non-traumatic as any delivery can be; the child cried right away, seemed to be in good health, responded, ate properly and yet as he got older he appeared to be hyperactive. Then when he began school the stresses that are inherent with any school, such as having to sit down and focus attention in the classroom with 20 or 30 other kids; who were simply breathing, were enough to distract him sufficiently so that he was unable to function.

Q. Are there any other factors inherent in today's schools that also cause learning problems?

A. I know that architecture has something to do with this too. The way the light comes in between the slats in the venetian blinds can bother some children. I know that Dr. Ott in Florida has found that children are more apt to be hyperactive if they work under fluorescent lights so he's had the school systems change the lights. The absence of the red spectrum, or something that flickers, will affect the child to a certain extent. Research indicates that some children who were exposed to European television in the 50's had convulsions because of the stimulation they received from a phase bar moving across the TV screen.

I think there are at least two factors occurring simultaneously in these children. One is a poor filtering system in the nervous system. Incoming messages through ears and eyes, skin, muscles, stomach, taste buds, all sensory inputs have to go through this filtering system. A poor filtering system is not able to filter out unimportant stimuli. Too many stimuli enters the child's cortex. That's one factor. The other factor is that these people seem to be more likely to over-respond to the sugar in their diet. The two things operating in the same child at the same time are enough to prevent him from being educated.

As an example of how this works: a mother told me that the worst day her son, eight years of age, had, was when the phone and the doorbell rang at the precise same time, ding-ding, ding-ding, two stimuli coming in, both demanding his immediate attention, both equally compelling. He stood there five seconds, finally fell on the floor. He couldn't decide what to do: answer the phone or answer the doorbell. His mother came into the room.

"Oh Charlie, answer the phone and then answer the door."

But Charlie was unable to handle this on his own; he could not make a list of priorities. The two simultaneous inputs were equally compelling.

When he gets to class, of course, there are 20 or 30 inputs. So a kid drops a pencil on the floor, a car goes by outside, somebody passes some gas in the seat behind him; he has to turn around. These people are unable to disregard unimportant stimuli. They notice everything.

When this inability to sort out stimuli is coupled with falling blood sugar which prevents the brain, at least the cortex of the brain, from operating optimally, then these children just shouldn't be at school. They can't function.

Q. Are you saying then, that the filtering system is what helps the child to disregard all or most of these outside distractions? Helps to keep his brain on wave length, so to speak?

A. Right. It is interesting to note that this filtering system is operated by a chemical called norepinephrine which is a stimulant; hence, the reason that stimulants like Ritalim or Dexedrine or the new Cylert are helpful in keeping these children from noticing their environment. Big doses of coffee will sometimes make a difference. Stimulants potentiate norepinephrine; the norepinephrine allows the filtering system to screen out some of the environment.

There are several methods of approach, of course. One is to have a child in a small classroom, carpeting on the floor, no more than 10 children in the classroom, a sympathetic teacher, no distracting light coming through venetian blinds, no fluorescent light and total comfortable surroundings in a non-pushy environment. However, I have found a child often can operate even in a disquieting atmosphere, open classroom, maybe two classes of 40 children in one classroom, *if this child is fed properly*. He would be able to sit down and be attentive even though he has an inadequate filtering system after he had a better breakfast. With a protein breakfast, he may be able to disregard his environment because his brain is being nourished properly.

To remedy the situation we don't have to do expensive things like changing the architecture. It would be nice to reduce the class load for the teacher. In lieu of that, until the budgets get bigger, we could improve the situation if we just fed them better.

Q. In other words you believe that, if the diet could be improved through the elimination of much

of the sugar content, as an illustration, this would offset some of the problems that the child faces who has a defective filtering system.

A. That's right, and the problems occurring in the school room wouldn't be as tough. Something people have to remember is that the child's brain has two to three times the energy needs that the adult brain has. So even with a good breakfast—maybe some hot cereal and an egg or some meat or fish and whole wheat toast with peanut butter on it and half a grapefruit, an orange—you know, natural foods (no Tang, no sugar-containing foods, no cereals with syrup, no man-made products), that child still has to eat again in two, three or four hours. He can't be expected to go from seven o'clock in the morning until twelve noon and not become disinterested and bored, go to sleep, get hyperactive or need to move around or need a snack; for his blood sugar is falling.

We've seen the calmness and improved attention span of the whole class when the children are allowed to snack on cheese, nuts and fruit. These are always available in the classroom so that the children can eat them anytime they want; just nibble, nibble, nibble. Grazing animals are nibbling all the time. We are animals and we should nibble all the time too.

Q. Are there any particular books or pamphlets you happen to know of off-hand that would be helpful to teachers or parents on this grazing idea? I think what you are saying is what some people said years ago, that you should eat four to six meals a day rather than three. However, how would a parent or teacher know if a specific child has one of the problems that we are talking about?

A. Parents might suspect that their children are hyperactive if they, themselves, have the same thing or if the grandparents or relatives have it. It does run in families. I would say if the child is not having trouble in school because of good self control, you could forget this. But I think the whole world should take notice, because junk food ingestion has some documented connection with the development of cancer in the bowel, hemorrhoids, diverticulosis, appendicitis, heart attacks, obesity, diabetes, alcoholism and a whole host of other problems that can develop because of poor nutrition and eating habits that people have as children and carry on into adult life.

I think the book that influenced me the most was Adelle Davis' *Let's Eat Right to Keep Fit.* Doctors are not supposed to believe Adelle Davis but she does make some sense. She pushes milk a lot, and I am not much on milk because milk creates a lot of phlegm, causes sinus trouble, and post-nasal drip.

Carlton Fredericks, Ph.D., wrote a book called *Low Blood Sugar and You.* He's the champion on low blood sugar. He has received a lot of criticism from organized medicine because he's made hypoglycemia a popular disease and doctors in general feel it is not very common. I think it is becoming more common because more people are eating more sugar and white flour. In our country we are eating about 100 pounds of sugar per person each year; that's two pounds of sugar a week for each person. I'm eating very little so somebody is eating four pounds a week!

Q. Is the American child's diet, especially as related to sugar and white flour, getting worse or staying just about the same? We hear a lot about vitamins and protein. How do they fit into this picture?

A. A hundred years ago there was very little, maybe a couple of pounds of sugar a year, being used per person, so it's gradually increased. Now for the last 30 years it's stayed about the same but the increased sale and use of dry cereals has increased a great deal. Cereal manufacturers are getting better, they're making some granolas and some all-grain cereals that really look promising. But cereal is still cereal and does not have much protein. The sale of dry cereals from 1970-73 went up 17% every year. Somebody is eating that stuff and I think it's the kids. The parents think it's okay to use it because it's got all the extra vitamins B1, B3, B6 and a little iron but it's not enough to do much good; it's the protein we are really after. Vitamins are certainly important, but we've got to have protein to sustain the blood sugar. If people are really locked into cereal they've got to have meat, cheese, fish or eggs along with it. I tested myself out and if I eat just hot cereal, no sugar, and cream I'm getting shaky about 10:30. If I have an egg with the cereal I can last until 11:30. With two eggs and no cereal I can last until 1:00 o'clock.

Everybody's different and people have to test themselves. I think parents should read these books. At least a couple of Adelle Davis' books and Carlton Frederick's. If they have any of these things in their family background, diabetes, obesity, alcoholism, schizophrenia or allergies and are blue or green-eyed blonds or redheads, or have Indian blood in them, then it's almost mandatory that they change their diet.

People are now finding that if they really love some food (i.e., bread, ice cream, cereal, noodles, corn, potatoes, chocolate, coffee, etc.), they are

probably addicted to it and that food is probably causing symptoms.

Important point: to metabolize carbohydrate, the body must have the B vitamins. If you eat nuts and berries the way Mother Nature provides them you won't need the B vitamins. Because we are eating "naked calories" we have to take extra B vitamins; we are all behind in vitamin intake.

Q. Is there anything that the schools along with the teachers and parents can do to improve the children's eating habits?

A. The program should provide protein such as cheese and nuts so the children can nibble any time. There should be no sugar, no white flour in the school at all. We've got to change the government program. The government provides sugar and white flour, and the kids, of course, are addicted. They'll shove the meat and vegetables off into the garbage and eat the sweet rolls and the Hostess Twinkies and drink the sugary juice and the Kool-aid or trade around and get some cookies from some other kid. All it does is help them for an hour or so and they're gone again. We've got to stop the sugar in the schools.

There's a woman in Bloomington, Indiana, who said it took her $2,000 and two years but she got the school board to vote out all the sugar, white flour and candy machines. They now have apples and oranges and nuts in the canteens in the halls; there's absolutely no sugar in the hot lunches and they've found the kids are much better off. In Dallas, Texas, they've just started this and the only man who voted against this works for the local Coca Cola Bottling Co. He said the kids would be truant from school going across the street to the candy store to get the goodies and there would be lots of absenteeism. He was right to a certain extent. Not only do we have to stop it at the school, we have to stop it across the street. In Boise, Idaho, they tried to do this, but there's a candy store right across a busy street and the students were being hurt more by cars than the sugary goodies. The food manufacturers don't realize they're doing something wrong; sugar helps sales. They've got sugar in catsup, in steak sauce, in salad dressing, in Campbell's soup; there's sugar in everything—it's hard to avoid. We should grow all our own food out in the backyard! Some people are affected more than others. Some people are affected right away, and their behavior changes; in others, it affects them only in the long run, because it will lead to some degenerative diseases.

Q. Do you have any research of your own on the effects of low blood sugar?

A. When I first stumbled on this a couple of years ago I took careful notes on the children who were referred to me because of hyperactivity in school: jumping out of their seats, talking out of turn, high potential but not working up to it. In one particular three-month period, I saw 100 a month, altogether 300 children. The statistics for that period go something like this: it's five to one boys to girls; it's three to one of blue, green or hazel-eyed to brown-eyed and half of the brown-eyed ones were Indians or Indian extraction and the others had been hurt neurologically by a traumatic delivery, or prematurity, or had experienced a lack of oxygen, or had had meningitis very early in life. In the families of these children I'd say 60% at least had two of these other factors: diabetes, obesity, or alcoholism.

I found that in most of the children there were three things that gave it away, that they all had in common. One, they were all very ticklish. Oriental and Jewish children in general can control this laughing when I'm examining their abdomen to see if the liver and spleen are enlarged. But the blue-eyed blonds: I just touch their stomachs and they double up and fall on the floor. They cannot disregard my hand because the filtering system is unable to screen out the stimulus. This would fit with the fact that Orientals almost never have hyperactivity. They don't get distracted so easily, they can turn their minds away from environmental stimuli, they can make their minds and bodies do things other people cannot. It may be from sociological factors, environmental or parenting.

Two, they crave sugar. Once they get looked into sugar, once they find out "how good it is for them" it affects their biochemistry, they cannot give it up. They're getting up at six o'clock in the morning, eating a whole bowl of Rice Krispies plus a jar of jam, and an hour later are hungry again. And they stay thin.

Three, they have sleep disturbances. Either they are light sleepers and they are up every two or three hours in the middle of the night wanting to know when breakfast is and/or they can't go to sleep; and/or they get up very early, or they are deep sleepers and they wet the bed. I think this bed-wetting has to do with falling blood sugar in the middle of the night.

These children may have night terrors: they scream out at night, appear frightened with their pupils dilated, heart pounding and skin hot and sweaty. This wild exciting hysteria is usually a sign that their blood sugar is falling. When the blood sugar falls, the adrenal glands squirt out adrenalin to get sugar out of the liver. It's a response of the

body to stress. The adrenalin can make people have bad dreams, or feel frightened. The ice cream that they ate the night before made the blood sugar drop. It could also be a chaotic home or a tough teacher or a combination of all. Some people who eat sugar at bed time sleep soundly because of the hypoglycemia.

We also think this relates to other areas such as delinquent behavior, running away from school, crime, battered children and a few other conditions we've generally thought of as being psychiatrically induced. Psychiatry is certainly relevant, but diet and nutrition may play a larger role. If a person does not feel well, he does not care what he's doing. We also know that when the blood sugar drops the cortex of the brain doesn't work and consequently the conscience isn't operative. A person who is suffering from this low blood sugar may come into a situation where he has no memory of right or wrong so he will lie, cheat or steal because there's no conscience to tell him not to do this. I've seen arson in children from three years old to ten years old. But they commit no arson if their diet is heavy on protein; as soon as they get back into sugar they start lighting fires again.

Q. You mentioned two major approaches that the schools as such can use. One might be called the educational aspect, in which people can learn more about their diet, lower the use of sugar and so forth, and the other is the snack type of thing in schools. Do you know any national groups or state groups that are working to get this kind of information to educators, teachers, and administrators?

A. There's one woman in Portland, Oregon, who is involved in this—she discovered she had hypoglycemia and then she realized that her children weren't doing very well because they were suffering from the same thing, so she'd try to provide nuts and protein. She realized it was an uphill battle because she can't fight the canteens and the destructive school lunches. Even though she'd pack her child's lunch with cheese, meats, nuts and grapes, he would trade it off because he was addicted to sugar. Her campaign in Portland is spreading. Mrs. Jean Farmer of Bloomington, Indiana, is also involved. I don't think there's any organized group. It's sort of word of mouth, people agitating to get better diets in the schools. I think PTA's have to do this from a local level. We've had teachers try this and they've been just flabbergasted at the results. The children become interested, attentive and are learning.

Nutritionists have done studies where they brought the children to school early without breakfast. Then they ran around the track, did push-ups and played ball; everybody got some exercise. After their showers, they came to the breakfast room. Breakfast was hot cereal, eggs, meat, hamburgers and other protein; fruit juices, whole wheat toast but no jams, jellies, or hot cakes with syrup. The kids were now hungry enough to eat anything. But they ate something worthwhile and then went to class. There was nothing else to eat, so they had real nourishment for a change. Teachers were just amazed. These kids were leaning forward and eager. The teachers thought they were on some drug because they were so turned on (they checked their arms for needle marks). It's just that they had a better breakfast.

My wife and I recently went to Norway and we noticed that most of the children were blue-eyed blonds. The teachers denied any problem with hyperactivity. I think it may be because the Norwegian government provides school children with fish and cheese when they come to school.

Q. Is this true throughout the country?

A. Yes it is. It's a standard program, so maybe something like that could be done here. It would be interesting to see if we could get some of these children to settle down.

Q. Maybe some of our service clubs or professional groups could take on something like this, backed by the kind of information you have given —maybe work on it themselves or get a federal grant or whatever to go ahead and provide something in the schools as well as "eating" education.

A. At one time, we were going to work with the McClaren School for Boys which is the reform school for adolescent boys. We would like to do a study in which the boys would get eight protein snacks a day for two weeks. Then try three meals a day—the standard institutional high carbohydrate diet—for two weeks. The guards and counsellors could monitor their behavior. We already know there is a high incidence of hypoglycemia among prisoners.

Q. Is there anything else that you think of or advise that you can give to teachers at this time until more information is available to them?

A. Yes. The teachers themselves should be aware that this could happen to them, and that the reason they may be a little crabby or short tempered or irritable with the kids at school is because they are drinking coffee with sugar in it for their coffee breaks or they are drinking cokes. Maybe they feel fine for a while, but then they become

weak and just gone-again-headachy. They, too, should be nibbling on the peanuts and cheese. If teachers say "I can't nibble on that or I'll gain weight," they need to be reminded that all the research indicates that the more frequently one eats and the more grazing one does, the easier it is to lose. Actually that's part of the "Weight Watchers" program.

We seem programmed to three meals a day; something that grandmother invented just because it was inconvenient to heat up the stove. We've really got to eat six or eight times a day. We've got to nibble through our whole day; teachers and pupils. If the nuts, or cheese or hard-boiled eggs or whatever are around for everybody to nibble on, the teacher should be doing the same thing. Within one or two days they would find that they are relating better to the children and the children are relating better to them. Students settle down, they feel better, they're more comfortable and they can be educated.

Now this may not improve the child with the genetic dyslexia problem, or if a child is still getting beaten at home, still has lead poisoning, is anemic or suffers from a variety of other things. We've also found it may eliminate, to a large extent, allergies. Allergies can take a lot from a child; they manage to dull the brain too. We're finding this program of vitamins and nutrition eliminates much asthma and hay fever; children don't get sick so much; adults don't get sick so much, it's really a neat way to go, it helps the whole body to work better.

Q. Thank you, Dr. Smith, for giving us ideas on how both teachers and children through proper nutrition and laying off the sugar, as it were, will be able to learn better and more happily.

Pressures, Discipline and Learning

In many cases, when children, at home as in school, have problems, it is assumed that the child is to blame and never the adult. Actually, it may not be completely one or the other, but it may be a matter of communication. In this interview we will discuss some of the psychological and human relationship aspects of the child-adult relationship.

Our respondent is Dr. Lendon H. Smith, the well-known TV personality now appearing on the daily program "House Call," and the author of numerous books. Dr. Smith, we are pleased that you are willing to discuss some of the problems that children face when growing up. Since kids don't vote, they have to rely on the laws and decisions set down by adults. All teachers and parents will be interested in your response to these questions.

Q. What do you see as the central purposes of child-rearing and "growing up"?

A. The whole purpose of the 18 to 20 years of child-rearing is to internalize controls that parents have also internalized from their own parents. Part of this is the parents' ideas of self control, part of it is imposed by the type of society in which we live, each society having its own rules and regulations, which are obviously supposed to keep the adult out of too much trouble.

The whole purpose of self control is so that we as social animals can live with one another without killing each other. Another practical viewpoint would be also that if a child grows up to have self control, he should not end up in jail because he has made some gross social mistake. A grown-up person is a person who is able to provide for himself and another perhaps with food, shelter, and security. Happiness is probably part of this equation, and so that has to be considered a factor. This person who grows up and is considered mature in a social sense, is also able to forego present pleasure for future happiness. This person is goal-oriented and not hedonistic. The whole concept of this is based on the fact that as we grow up, we internalize the control that our parents are providing for us. They have to monitor our body functions; they suggest to us and we finally learn that we are supposed to place excrement in an appropriate vessel. These are common public health measures. Children are supposed to learn to be nice to one another. Actually we could go through the list of all of the Ten Commandments which are somewhat etched in stone. We must obviously abide by some of these things or other members of society will not like us because we are not social animals.

Q. Be it at home or at school, this gets us into the area of what is commonly called "discipline." How do you get an uncontrolled child to "shape up"? Is there ever a time in every child's life that he has to be warned with a paddle or is there a better way?

A. The whole concept of discipline really must be based on internalized control as this small hu-

man animal comes to our home. We have rules in our house about living: we are supposed to go to bed at night and sleep through the night, we are supposed to be reasonably cheerful, we are supposed to eat the food that is presented in front of us, we are supposed to say "yes" and "thank you," and these social controls allow us to perform a function when desired. Mothers, because the mother is usually the one that has to do with control measures, initiate some form of discipline, even maybe unwittingly when the child is two or three months of age. When the child bellows from hunger, the mother talks to the child, says "just a minute, just a minute." The child learns through this method to displace and to disregard hunger pains; he is able to set aside or postpone his desire for food because he loves his mother and is willing to abide by her wishes. He thus learns a certain amount of discipline and self-control because of love. This seems to be the context in which humans learn about discipline in a much more satisfactory way than through punishment.

Q. How do we get a child to grow up as a human being rather than as an animal? What are some things that parents have to do to insure this?

A. A child is distracted from his purely selfish animalistic behavior, because of love for his mother. As he matures in the first year, he is able to set aside some of his basic animal drives because of love for his mother; anxiety about losing his mother's love is an overwhelming compulsion to him to achieve some sense of self-control. The mother and father, of course, and the extended family—whoever the caretakers of the child are—are supposed to somehow show acceptance of the child, show love by cuddling, affection, warmth, tenderness. This includes feeding, massage, love, cuddling, rocking, whatever seems to be appropriate for that particular family to show the child acceptance, so that he begins to sense that he is a worthwhile person. This all-important feeling must be incorporated into the child along with the internalization of the self-discipline in the first year or two of life.

One of the first problems that often faces parents is teaching the child some form of self-regulation and self-discipline in the separation at bed time. Usually around eight to nine or ten months of age, the child, when put to bed, notices that the parents are leaving the room and he feels he will never see them again. This overwhelming anxiety, this separation fear, seems to be a normal part of maturing. It is almost universally observed at about this age. If the parents can reassure themselves the child is not suffering from a bad stomach ache or an ear infection or has a twisted piece of lint around his toe, then they should let the child handle this situation for himself, but always be ready to welcome the child in the morning. Soon the child learns that this going to sleep at night is not the end of the world, that he is not separated from his parents permanently and that they do love and care for him.

Another big jump occurs at around 15 months of age, when the child in his efforts to communicate with his parents starts to cruise around the house. His natural curiosity and gregariousness usually get him into trouble because he is spilling the garbage and going up and down steps and stumbling into unsafe situations. The parents usually find themselves saying "no" more frequently than they are able to say "yes" to his behavior. So, the child at about 15 months tends to have temper tantrums. He is unable to verbalize his objections or negativisms, so he falls on the floor and pounds his fist and kicks and screams. This overwhelming body response to the "no" from his parents is considered normal and part of his maturation. The parents again must turn their backs on this overresponse because if they pick the child up assuming that there is really something wrong, the child soon learns to keep up the crying and kicking because he will be rewarded. Discipline is internalized on the basis of love and affection and acceptance from the parents. The child wants to retain this love, but is angry because he is unable to do what he wants. He must internalize the controls the parents are placing on him. First, discipline for safety is the chief motivation. A child must be taught about gravity and knives and hot water and whatever is an unsafe situation around the house, whether it's wild animals or whether it's falling out of a tree or going down the steps or cutting himself on a knife or putting his finger in the meat grinder. The child must learn of life's hazards.

If the parents are saying "no" about everything, then the child soon learns to disregard the negative responses that he is getting from his parents, and discipline becomes inconsistent and meaningless to him.

The hurdle that children usually have to overcome is partly related to elementary functions. The child sees how others eat and imitates them. If parents aren't overly concerned about food and its importance and casually put food in front of the child, he learns, of course, that eating is just a part of growing up and is not the goal of his existence. Somewhere between two and three years of age most parents initiate some type of toilet training. For this the child has to be able to walk well, which is after 18 months. Some children don't walk well until even older than that. Then we can assume

that the nerve connections from the rectum and the bladder are completed up to the social part of the brain cortex, and the child can be expected to get the message that he is supposed to control his bladder, control his rectum and will need to deposit this excrement in the appropriate vessel, usually the toilet.

Some parents initiate this early because they have heard that this is supposed to be done at 18 months. Parents were taught a couple of generations ago that children should be put on the pot at about 10 or 12 months of age and then the child would get into the habit of having his bowel movement or passing his urine at these times almost on command. The best advice is to wait until the child is mature and seems motivated.

Learning waits on maturation and the child cannot learn to control his bowels and his bladder until his nervous system is mature enough to accomplish this. Then, the child realizes that if his parents use the toilet, he will grow up to use the toilet. Neurological problems or over-discipline may preclude the smooth execution of this social function.

Q. Your answer makes sense to me, but if an adult communicates with a child through physical force for many years and then changes tactics won't the child interpret this as a sign of weakness on the adult's part?

A. Concerned parents wonder what constitutes spoiling a child and what constitutes over-strictness. Parents should be consistent. Grandparents, aunts and uncles, older brothers or sisters, whoever constitutes the family, should develop a reliable, standard set of rules. Children grow, and feel secure in a home that may be over-strict or over-lenient, but do their best in the consistent home.

Children from two to three seem to eat nothing at all as they are growing slower than they did the first year of life. If parents are not warned about this appetite loss from age two to three years, they may think the child is "just stubborn" and become demanding at meal times—and are often rewarded with an emesis. They will set up another failure situation; a power struggle ensues that may color the whole child-rearing process. Don't make a rule you cannot enforce.

When we are asked about children like this, first of all we try to establish if the parents are demanding too much of their child and/or if the child is sick. If he is constantly afflicted with some allergy or has anemia because he is drinking too much milk and doesn't have a sufficient amount of iron in his body, if he is getting the wrong message from his rectum because he has sloppy stools from wheat allergy or because of the hard stools resulting from the milk and cheese and rice and white flour foods that he is eating which have no roughage, this child may not be able to comply because he just feels rotten. Children in nursery schools frequently have worms.

They are getting so many disturbing and inconsistent messages from their body that they are distracted and cannot attend to the social demands of their environment. They cannot disregard one part of their body and may not perceive the message of love from their parents.

If spanking becomes a way of life, because everything the child does is socially inappropriate, something is wrong with the child and/or the discipline in the house. The parents may have pressures on them and they take it out on this "innocent" child, or the child is sick and doesn't feel well enough to comply, or the parents have indulged in inconsistent discipline and/or they have been overstrict or lenient. When internalizing controls the parents must not be so severe that the child will grow up to be overly-constricted or rebellious.

Q. In this same vein, we hear a lot about positive parenting these days. In your judgment, what is positive parenting?

A. Consistent discipline obviously must be tempered with as much love as possible A worthwhile rule: the parents must be able to say "I love you," "we need you," "we want you," "we are glad to have you," twice as often as they give the child commands or questions. If however, all the child hears are statements such as "get out of there," "don't do that," "go to bed," "eat now," "stop doing that," "what are you doing now?" this child senses, because of what he hears, that he is somewhat unloved, unappreciated, and worthless. So he incorporates *that* as a valid part of his personality and he grows up with the sense of inferiority. Children must hear, must get twice as many good strokes, positive strokes, as negative strokes. This is positive parenting. We seem to be able to get much better results if we are able to do it in the context of love. The child will want to do things because they love and admire us. Then we allow him to test out his environment on his own. He is sent off to kindergarten or a primary grade school with every expectation that his now internalized control and his good self-image will allow him to make friends and function as a social animal. He transfers his love and affection and love for authority over to the school system, the church, the community, the policeman on the beat, and the local merchant. He looks on adults with good feelings; he will cooperate with the teacher because

the teacher is now serving as parent. If he has the proper built-in self confidence and self control, he can function in society. He shouldn't have too much anxiety, and his parents can gradually release their control because of the internalized controls.

Q. Some psychologists say that kids under pressure are most susceptible to developing personality and behavioral problems. How much effect do you think that pressure has on children today and what can adults do to minimize this pressure?

A. Given a standard amount of parental pressure and discipline, some children grow up to be cheerful, socially responsible adults while others may become mean, selfish and antisocial. It is difficult for us to understand why different types of people develop from the same environmental influences. Some other biochemical and/or genetic influence may account for the differences.

Children perceive the world differently. To some it may be a threat and the child may become paranoid. To some the pressure they perceive in school or at home, makes them angry and they fight back. Still others retreat and become shy, withdraw eye contact or become afraid even to love. Others develop psychosomatic symptoms if there is any pressure on them at all. They develop headaches, stomach aches, break out in hives, skin rashes, or get cramps or diarrhea. Everybody has some point at which pressure becomes a physical problem. Sensitive children respond more than others. Sometimes we can measure this difference in children. The sensitive child is the one who has poor ability to screen out the world, is more likely to hyperactivity, and is more likely to be ticklish. He cannot sit still in the class with 30 other children because he is unable to disregard unimportant stimuli. The way the light comes in the window, kids breathing next to him or just being close—any movement or noise, however normal, upset him.

These sensitive children notice everything. Some overact in a motoric way to any kind of stimuli. This "approacher" type of person is up and out of his seat, talking too much, touching or standing on his head. He is more likely to become labeled as an impulsive, acting-out trouble maker.

Others respond by withdrawal. They seem on the verge of tears, would rather retreat and bring a shell around themselves, and are unable to respond because of fear and anxiety. They frequently have a rapid heart and cold clammy palms.

Q. Homework in some cases is the culprit for the pressure that is exerted. What is your opinion of homework in the elementary school? In the high school?

A. Many people have felt that the Russian Sputnik years ago forced the schools to increase the educational pressure. As a consequence, some children since then have hated school just because of this increased pressure. But every teacher from kindergarten on should require some academic activity to be done at home. This should be gradually increased with age. At least 10 or 15 per cent of any group of people seem to over-react to any pressure, whether it is just a crowded classroom or the air is too cold or too hot, or there is too much noise, the fluorescent lights have some stimulating, distracting effect. It then becomes a medical problem. Medical attention may help this group handle stress.

This does not imply that the pressures of home have allowed these children to be oversensitive to the pressures in school. It is quite possible that genetic factors or hurts to the nervous system or nutritional factors may be responsible. Also, allergies, anemia and pin worms must be remembered. Such factors might allow these children to be especially likely to have more difficulties with any kind of pressure.

Q. Kids fail in school because they don't do their homework, never complete their assignments, write so that the teacher can't read it, have no interest in their school work and for many other "reasons." Do you see any patterns in the way that we raise kids at home and in school that nudges kids into these undesirable situations that lead to failure?

A. Teachers tend to blame parents for these "goof-offs." Some psychiatrists say these children are failure-oriented. They have the potential of doing good work but they can't seem to put the material that they have in their brain on paper. These children have what we call educational dysfunction. They are unable to perform; they cannot achieve their academic potential in the school situation. They have reading difficulties. They may perceive words on a page as a jumble of moving chicken tracks. A large number of these children are unable to handle stress. They frequently had milk allergies as infants. They were difficult to train. They had much sickness, ear infections. They frequently are thumb suckers, or bed rockers, or bed wetters. They had insomnia. They have a variety of psychosomatic symptoms and many of these are genetically predisposed to nutritional difficulties. Many of them will respond to a better diet. Some of them however, need medication; many of them need psychological help; many of them need help from the special teacher.

Q. At this point we might ask as a pediatrician, do you think many kids are complete failures?

A. There has to be something wrong with these children. Before we label them and further give them a bad health image, we must make every attempt to help them. Most teachers know which children they are. Three to five of these are in every classroom and they must be referred for further work-up. No child is ever a complete failure. He may be a failure because our standards are too rigid. We must not allow him to think he is a failure. He may be a success if he joins a group and is thus accepted by his peer group. Peer group acceptance, which most children are able to achieve, suggests that they are not failures. It doesn't have to be the particular "in group" or the nice people that do well in school. If he is not doing well in school, he will usually find some other failure type with whom he may associate. But in our eyes, to the parents' eyes, and to the school's eyes, he is a failure.

Q. Dr. Smith, there is a great deal of emphasis on team athletics these days even with the very young children. Do you think the physical exercise received outweighs the pressure that the kids are under to win the game?

A. Physical exercise is certainly an important part of growing up. Everybody has muscles and must exercise them and keep in good shape. Exercise also makes thinking better. Physical exercise should be geared to the child's ability to perform. Different body types dictate the type of athletic performance. We should not throw a thin puny child who has flat feet and sloping shoulders and knees bent backwards, into a group of tough husky football-playing children. He is going to be a failure. He is going to hate himself and the school system that pushed him into the situation.

Most of these hyper children have a strong need to win. We should try to set up a situation where the child competes with himself, not necessarily with others. Lots of children do very well in team sports, whether soccer, football, baseball. Other children do very poorly here and they need other options.

Some parents force high standards of performance on their children. This living through the child is a dirty trick. If the child has potential, o.k.; encourage, but no pressure.

Q. Do children really suffer from lack of close family ties and contacts or is it that we tend to be sentimental when we think about the family?

A. There are many types of children and many styles of families; all may be normal. All children need to know that somebody is caring for them. It doesn't have to be the nuclear family. It doesn't have to be the extended family, but there should be some loving, accepting adult to whom the child may relate and identify, in the child's growing up years. If there is no adult around, these children will often fantasize an adult; thus it is very important that these children have this relationship with an adult. If the parents are inadequate, the child will usually find a scout leader, a teacher, or a counselor at school who is able to function in that capacity. Children do need heroes. Children do need adults with whom to identify. And of course, these adults are supposed to respond and help children to become worthwhile adults.

Q. We all know that kids can be psychologically abused by putting them down and continually criticizing them. How do we handle it when they deserve criticism or a reprimand?

A. This needs emphasis more than we really know. Sometimes parents have to have a clipboard around so that they can actually chart the number of times that they are putting the child down. Many children can stand physical abuse much better than they can psychological abuse of non-acceptance. Acceptance, giving good strokes, compliments, and showing an interest in the child have to be done twice as often as asking questions or giving commands.

A put-down is necessary occasionally; as we grow we need limits placed on unacceptable behavior. The secure, loving, accepting home has to do this. The criticisms and put-downs a child receives at school and in the street must be balanced at home.

Q. Is there such a thing as sociological neglect?

A. Yes. But many children can handle this if they get acceptance at home. As we grow we need peer group acceptance. If we have discipline internalized and we have been allowed to be independent, resourceful people then sociological neglect may not be an important factor.

Q. With 10 to 20 per cent of the children in the United States estimated to be dysfunctional, what are some things that teachers can do to motivate these children?

A. A teacher should be able to understand and empathize with the dysperceptions that many of the students may have in class. Some children learn better visually and others learn better auditorially. Each child must be evaluated individually to discover his optimum learning pathway. Many children learn best from the ears to the brain and then to their mouth and do poorly if they have to learn through their eyes to the brain and on to hand-

writing. Listening to records and speaking into a tape recorder is a good teaching and learning method. But other children, more visually oriented, can do much better if they are able to read something, think about it and then write it down. Teachers must find out. Learning itself is motivation for further learning. If the child is successful in a learning situation, he will get a good feeling about the whole school system. He will lust for further education.

The child we worry about is the one who perceives the whole school system as a threat. He is the lowest member of the pecking order and others in the peer group put him down; they call him stupid. The teacher gets discouraged and shows it with lots of signs, or says "you could do better if you tried harder." No wonder 5 or 10 percent of kids drop out of school after their seventh, eighth, or ninth grade, because all they hear is bad news. If somebody has a job and the boss continues to say "you are doing a rotten job," "I don't like what you are doing," "shape up," and this person feels he has done the best he can, then he will hit the boss or walk off the job. I think I understand why children quit school. They have had it. They are not going to stay just to be embarrassed. A teacher told me that if a student left his jacket on, he was about to quit school. Such students never use their lockers, because locker use suggests cooperation with the school and that is the last thing that they want. School is the enemy. They sit in the classroom, usually leaning back with their arms folded across their chests (body English for rejection) and a smirk on their faces. They have turned off the whole educational system.

We need some other way to motivate them back into the mainstream. But maybe they can't get back into the mainstream; maybe some side stream might be the best way to catch and teach these children. Often they do better in a one-to-one situation, so they are not embarrassed if they say something wrong or awkward. There are fewer distractions in a smaller classroom or in a one-to-one situation.

Q. How can a teacher tell parents that their child has a dysfunction and should not be subjected to pressure?

A. The teacher must make observations only. The teacher must say, "I notice that Charles looks out the window a great deal as if he has other thoughts on his mind."

In no way should the teacher say that the child is lazy, is a good-for-nothing, or refuses to do his work. Maybe he *cannot* do his work. There should be no judgment of the child. The child has to be accepted the way the teacher sees him and the observations are the only remarks that the teacher can make. The teacher obviously has to say, "we will work together for this child." The parents and the student and the teacher must work together to solve the problem. It is not that the parents and the teacher are against the pupil, they're all on the same side trying to figure what is the best way to give this child a good self-image. I remember what a school master in Philadelphia told me. He said every child must learn to like himself, then, we may be able to educate him. The important part of education is that everybody learns to have a good self-image.

Q. Is over-stimulation as bad for children as having them live and work under pressure?

A. Over-stimulation may or may not be bad for children. I think this depends on the child. Some children are easily stimulated. They are ticklish and goosey, sensitive children. If they perceive the world as closing in on them and threatening, this would be a stimulation. The small infant with colic cannot relax and go to sleep. Stimulation may be bad for this child. A kiss, a cuddle, a tickle just to show love and affection, may result in indigestion and insomnia. The parents are getting too close and stimulating the child too much.

Q. What about peer pressure? Are many children psychologically injured rather than motivated by this?

A. After the child is six or seven years old, he transfers some of his desire for affection and acceptance from his parents over to his peer group. After adolescence it seems to be the motivating force for most normal adults. We are influenced by what our friends think. Whether injurious or not would depend on a person's peers and what kind of trouble they lead him into. If in a whole classroom of children everybody is motivated academically, then a peer group pressure would motivate a child to do the same thing. A young man told me that when he lived in a neighborhood where his age group shot out street lights and set fire to mail boxes, he was involved. When he moved to another neighborhood where kids studied and read books, he studied and read books. We are obviously influenced by what our peer group does.

Q. How can we help children meet peer pressure when it is too hard for them to face?

A. If we have done our job properly as parents and given him a good self-image and a conscience and he knows right from wrong, then this peer group pressure will make him uncomfortable. Anxi-

ety and guilt will preclude full participation. If he has a bad self-image and he doesn't care what society thinks, then he may accept the peer group pressure even though they are anti-social influences.

Parents may or may not have done all the right things as their children grow up. When the child is 6 to 12 years old they try to reduce peer group pressure by getting them into athletics, stamp collecting, cooking, bird watching, macrame, or weaving, just so the child becomes an expert in a particular field. Then if he gets put down in social skills or academic work or he can't do well in some area where his peer group is excelling, he at least has one thing that makes him feel that he is an "o.k." person.

Q. Pressure seems ineffective with dropouts. Does too much school achievement pressure at an early age start the child "dropping out" right then? How can we help a child under pressure from a too demanding or too competitive school system?

A. We can almost predict which ones are more at risk for school failure by the way they handle colic as infants. They had terrible temper tantrums when they were 15 months of age. The difficulties with toilet training would fill a book. Even before they are three, four, five years of age they have become "Jekyll and Hyde" types of people. All they hear are the "nos" and the discipline that they are receiving when they are acting like Mr. Hyde. And they never seem to get any affection or compliments when they are Dr. Jekyll.

How can we help a child under pressure from a too demanding or too competitive school system? As parents and teachers, we must be able to evaluate our child's symptoms, whether he has too many headaches or too many stomach aches or if he has psychomatic symptoms that only appear when he is off to school. We have to somehow, as parents, pull that child out and have him go to a lower grade if needed, or if it's boredom and he is fairly bright, then we may have to move him ahead. He may respond differently with another teacher or in another group. We must put the child in the most comfortable place he can be when he is growing up. If the child is comfortable and satisfied with his life, if he is hearing some nice things said about him, if he has a few achievements in which he is confident, if he has goals and he laughs more than he cries—he is a satisfactory child. And we are probably achieving what we are supposed to. After all, this generation of children has to grow up and take care of us. And if they don't like us while they are growing up they may not want to take care of us.

REMINDERS

Subscription Payments

Subscriptions for 1979 ***should be paid immediately*** if they have not already been paid on the invoices mailed on October 1. Address labels for the January bulletin are made up about December 1. (For a glimpse of what's in store for next year, see the 1979 schedule on the inside front cover.)

Change of Title and Address

The ***Curriculum Bulletin*** title was shortened, and the address was changed, on January 1, 1978. Some subscribers, mostly librarians, seemed to have missed this change and have written to complain that they have not received their 1978 issues. In each case, they **had** received their bulletins, but had not changed their records last January and thus had not properly credited the receipt of their bulletins. Did you overlook this change?

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